

# AUTO CR - LOG SUMMARY #1072228

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
As [REDACTED] was flailing his arms about, Officer Diaz deployed his Taser in order to subdue [REDACTED] and place him in custody.	(None Entered)		

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	MALCZYNSKI, RONALD P	2249	[REDACTED]	002 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
25-OCT-2014 04:09 - 25-OCT-2014 04:09	[REDACTED]	0214	002	291 - RESIDENTIAL YARD (FRONT/BACK)	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject	[REDACTED]								
CPD Employee	Witness	PATTERSON, ALFIE E	1106	[REDACTED]	002 /	POLICE OFFICER	M	BLK		
CPD Employee	Witness	ALMANZA, EDUARDO	15464	[REDACTED]	311 /	POLICE OFFICER	M	S		
CPD Employee	Involved Member	DIAZ, JOSE A	9518	[REDACTED]	311 /	POLICE OFFICER	M	S		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	31-OCT-2014 03:26	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	31-OCT-2014 03:26	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	27-OCT-2014 09:03	HITT, MARK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	27-OCT-2014 08:19	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	25-OCT-2014 06:28	KAMALICK, DENNIS	INVESTIGATOR I COPA	113 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					KAMALICK, DENNIS	25-OCT-2014 06:28			
	DOCUMENTS - INTAKE INCIDENT		3	Original Case Incident Report	N	KAMALICK, DENNIS	25-OCT-2014 07:40	DELETED		
	DOCUMENTS - INTAKE INCIDENT		2	Officer Jose Diaz # 9518	N	CHICO, ALICE	26-OCT-2014 08:16	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5		N	CHICO, ALICE	26-OCT-2014 08:14	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5		N	KAMALICK, DENNIS	25-OCT-2014 07:37	DELETED		
	DOCUMENTS - INTAKE INCIDENT		2	not final	N	KAMALICK, DENNIS	25-OCT-2014 07:42	DELETED		
	DOCUMENTS - INTAKE INCIDENT		2	not final	N	KAMALICK, DENNIS	25-OCT-2014 07:43	DELETED		
	DOCUMENTS - INTAKE INCIDENT		2	Officer Diaz (Taser)	N	KAMALICK, DENNIS	25-OCT-2014 07:41	DELETED		
	DOCUMENTS - INTAKE INCIDENT		3	RD#HX	N	CHICO, ALICE	26-OCT-2014 11:41	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Alfie Patterson	N	HAYES, SHANNON	27-OCT-2014 08:19	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Eduardo Almanza	N	HAYES, SHANNON	27-OCT-2014 08:19	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	KAMALICK, DENNIS	25-OCT-2014 09:58	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 25-OCT-2014) - LOG #1072228

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	MALCZYNSKI, RONALD P	2249		002 /	SERGEANT OF POLICE	M	WHI		

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Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	25-OCT-2014 18:28	KAMALICK, DENNIS	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	31-OCT-2014 03:26	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	31-OCT-2014 03:26	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PENDING SUPERVISOR REVIEW	27-OCT-2014 08:19	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	25-OCT-2014 06:28	KAMALICK, DENNIS	INVESTIGATOR I COPA	113 /	

## CHICAGO POLICE DEPARTMENT

## ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C (REV. 6/30)

PRELIMINARY

CB #:  
IR #:  
YD #:  
RD #:  
EVENT #:

ARREST REPORTING																																			
<b>OFFENDER</b>	<table><tr><td>Name</td><td>Res</td><td>Beat: 212</td><td>Male</td><td rowspan="6">NO PICTURE AVAILABLE</td></tr><tr><td>DOB</td><td></td><td></td><td>Black</td></tr><tr><td>AGE: 19 years</td><td></td><td></td><td>6' 00"</td></tr><tr><td>POB: Illinois</td><td></td><td></td><td>142 lbs</td></tr><tr><td>ARMED WITH</td><td>Unarmed</td><td></td><td>Brown Eyes</td></tr><tr><td></td><td></td><td></td><td>Black Hair</td></tr><tr><td></td><td></td><td></td><td>Short Hair Style</td></tr><tr><td></td><td></td><td></td><td>Black Complexion</td><td></td></tr></table>	Name	Res	Beat: 212	Male	NO PICTURE AVAILABLE	DOB			Black	AGE: 19 years			6' 00"	POB: Illinois			142 lbs	ARMED WITH	Unarmed		Brown Eyes				Black Hair				Short Hair Style				Black Complexion	
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			Black Complexion																																
<b>INCIDENT</b>	<table><tr><td>Arrest Date: 25 October 2014 16:09</td><td>TRR Completed? No</td><td>Total No Arrested: 1</td><td>Co-Arrests</td><td>Assoc Cases</td></tr><tr><td>Location: 291 - Residential Yard (Front/Back)</td><td>Beat: 214</td><td>Dependent Children? No</td><td>DCFS Ward ? No</td><td></td></tr><tr><td>Holding Facility: District 002 Male Lockup</td><td></td><td></td><td></td><td></td></tr><tr><td>Resisted Arrest? No</td><td></td><td></td><td></td><td></td></tr></table>	Arrest Date: 25 October 2014 16:09	TRR Completed? No	Total No Arrested: 1	Co-Arrests	Assoc Cases	Location: 291 - Residential Yard (Front/Back)	Beat: 214	Dependent Children? No	DCFS Ward ? No		Holding Facility: District 002 Male Lockup					Resisted Arrest? No																		
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		CRIMINAL TRESPASS TO VEHICLES																																	
		Class A - Type M																																	
<b>RECOVERED NARCOTICS</b>	NO NARCOTICS RECOVERED																																		
<b>WARRANT</b>	NO WARRANT IDENTIFIED																																		

## ARREST REPORTING

NON-OFFENDER(S)	VICTIM AND COMPLAINANT	
	Name: [REDACTED]	Female Black DOB: [REDACTED] Age: 56 years Comments:
	Injured? No	Deceased? No
	Hospitalized? No	
	Treated and Released? No	

ARRESTEE VEHICLE	Vehicle: <b>VEHICLE IMPOUNDED:</b> 2007 Automobile - Dodge - Caravan - Vanette, (Metro, Step Van, Handy Van) Color: Green (Top) / Green (Bottom) Pound#: [REDACTED] Disposition: Towed	VIN#: [REDACTED]	Lic#: [REDACTED] Inv#: [REDACTED]
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PROPERTIES	<b>Confiscated Properties :</b> All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.
	PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE	(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following) EVENT# [REDACTED] ABOVE OFFENDER ARRESTED FOR POSSESSION OF A STOLEN MOTOR VEHICLE. WHILE ON ROUTINE PATROL BEAT 283B OBSERVED A GREEN CARAVAN WITH A TEMPORARY PLATE OF [REDACTED] AT [REDACTED] R/O RAN PLATE AND DISCOVERED VEHICLE TO BE STOLEN. R/O FOLLOWED VEHICLE EASTBOUND THROUGH ALLEY WHILE SENDING A FLASH MESSAGE THROUGH OEMC. OFFENDER CONTINUED TO 651 EAST BOWEN WHERE OFFENDER STRUCK A TREE, AND FLED ON FOOT. BT 283B CONTINUED TO CHASE OFFENDER ON FOOT, AND AFTER A BRIEF FOOT CHASE BEATS 264A 6715A, 283A AND ASSISTING BEATS CONFRONTED OFFENDER AT ABOVE LOCATION. WHILE TRYING TO PLACE OFFENDER IN CUSTODY, OFFENDER BEGAN TO STRUGGLE FLAILING WITH ARM IN ATTEMPT TO DEFEAT ARREST. DURING THIS TIME P.O DIAZ DEPLOYED HIS TASER AFTER WARNING OFFENDER SEVERAL TIME TO COOPERATE. DURING STRUGGLE P.O A PATTERSON #9206 SUFFERED AN GASH TO HIS LEFT HAND. OFFENDER PLACED UNDER ARREST ADVISED OF RIGHTS AND TRANSPORTED TO 2ND DISTRICT FOR PROCESSING. OFFENDER HIS A GANG ON FILE- [REDACTED] NO GIPP OR TRAPP. NAME CHECK CLEAR.
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COURT INFO	Desired Court Date: Branch: Court Sgt Handle? No	BOND INFO	BOND INFORMATION NOT AVAILABLE
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## ARREST REPORTING

REPORTING PERSONNEL

## ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

## ARRESTING OFFICER(S):

			Beat
1st Arresting Officer:	#16280	EDWARDS, D [REDACTED]	0283
2nd Arresting Officer:	#14934	LAWRENCE, R F [REDACTED]	0283A

## APPROVING SUPERVISOR:

## ARREST PROCESSING REPORT

Holding Facility: District 002 Male Lockup  
Received in Lockup:  
Prints Taken:  
Palmprints Taken:  
Photograph Taken:  
Released from Lockup:

Time Last Fed:

Time Called:

Phone#:

Cell #:

Transport Details : 2PO 0231 25-OCT-2014 16:15

## VISUAL CHECK OF ARRESTEE

## ARRESTEE QUESTIONNAIRE

## RETURN TO HOLDING FACILITY COMMENTS:

## QUESTIONNAIRE REMARKS:

## LOCKUP KEEPER COMMENTS:

NO INTERVIEWS LOGGED

NO VISITORS LOGGED

## ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

## ARRESTEE PROCESSING PERSONNEL:

			Beat
Assisting Arresting Officer:	#10257	SMITH, D [REDACTED]	0223
Assisting Arresting Officer:	#11060	KHALIL, M [REDACTED]	0231
Assisting Arresting Officer:	#16312	THOMAS, H A [REDACTED]	0235
Assisting Arresting Officer:	#19108	CROSS, D C [REDACTED]	0235
Assisting Arresting Officer:	#19534	MC BETH, J L [REDACTED]	0282
Assisting Arresting Officer:	#3005	GOOLSBY III, H [REDACTED]	0205
Assisting Arresting Officer:	#4289	GOMEZ, H [REDACTED]	0221
Assisting Arresting Officer:	#4948	ALEGRE JR, D [REDACTED]	0223
Assisting Arresting Officer:	#7611	SAUCEDO, R [REDACTED]	0221
Assisting Arresting Officer:	#8679	AREKAT, D A [REDACTED]	0231
Assisting Arresting Officer:	#9206	PATTERSON, A E [REDACTED]	0264A
Assisting Arresting Officer:	#9583	SONLEY, J W [REDACTED]	0264A

## APPROVAL PERSONNEL:

RD #: [REDACTED] HX  
Case ID: [REDACTED]  
EVENT #: [REDACTED]

INCIDENT	DETECTIVE SUP. APPROVAL COMPLETE		
	IUCR: 0910 - Motor Vehicle Theft - Automobile		
	Occurrence Location: [REDACTED] 304 - Street	Beat: 0214	Unit Assigned: 0202 RO Arrival Date: 24 October 2014 10:30
	Occurrence Date: 24 October 2014 07:25		# Offenders: 1

NON-OFFENDER(S)	VICTIM - Individual		
	Name: [REDACTED]	Beat: 0835	Demographics Female Black 5'02, 170 lbs Brown Eyes Black Hair Medium Hair Style Medium Brown Complexion
	Res: [REDACTED]	Beat: 0835	DOB: [REDACTED] Age: 56 Years Birth Place: Illinois
	Empl: KATES DETECTIVE AGENCY 7810 S Claremont Ave Chicago, Illinois Security Officer		Sobriety: Sober CPD Officer: No

NON-OFFENDER(S)	LAST PERSON DRIVING VEHICLE		
	Name: [REDACTED]	Beat: 0835	
	Res: [REDACTED]	CPD Officer: No	

SUSPECT(S)	Suspect # 1		
	Name: UNKNOWN, Unknown	Demographics Male Black	Age: 20 years

RELATIONSHIP	[REDACTED] (Victim)	is a No Relationship of	UNKNOWN, Unknown	(Offender)

OTHER	Miscellaneous		
	Victim Information Provided	Flash Message Sent ?	No

RD #: HX

VEHICLE

<b>Vehicle #1</b>					
Vehicle: 2007 Dodge - Caravan - Automobile	Owner: [REDACTED]				
Color- Top/Bottom: Blue/Blue	Style: Van/Panel Or V/P Trailer - Vmo Must Be Tk				
Stolen? Yes	Damaged? No	Destroyed? No	Burned? No	Theft From? No	Recovered? No
VIN #: [REDACTED]		Possessor/User: [REDACTED]			
Towed? No		License Plate #: [REDACTED] Illinois - Passenger Car			

VEHICLE THEFT

City License Verified? No	Doors Locked? No
State License Verified? Yes	Ignition Locked? No
VIN Verified? Yes	Keys in Vehicle? Yes
Purchased From: Sams Auto Sales	
Personal Belongings: Purse in Vehicle With Phone	

OTHER PROPERTIES

<b>Property #1</b>		Possessor/User: [REDACTED]
Description: Leather	Owner: [REDACTED]	Used as Weapon? No
Color: Black	Property Type: Purses/Handbags/Wallets	Taken/Stolen? Yes
<b>Property #2</b>		Possessor/User: [REDACTED]
Description: Personal Identification	Owner: [REDACTED]	Used as Weapon? No
	Property Type: Other	Taken/Stolen? Yes
<b>Property #3</b>		Possessor/User: [REDACTED]
Description: Samsung	Owner: Margaret Jones	Used as Weapon? No
	Property Type: Cellphone	Taken/Stolen? Yes
	Estimated Value: \$300.00	Recovered? No

NARRATIVES



PERSONNEL		Star No	Emp No	Name	User	Date	Unit	Beat
	Reporting Officer	9842	[REDACTED]	MABERY, Deborah, A	[REDACTED]	24 Oct 2014 11:26	002	0202

IUCR ASSAULT	Victim	IUCR	Crime	Offender
	[REDACTED]	0910	Motor Vehicle Theft - Automobile	UNKNOWN Unknown



## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>25-OCT-2014</b>		TIME <b>16:10:00</b>		2. ADDRESS OF OCCURRENCE <b>[REDACTED]</b>				3. LOCATION CODE <b>291</b>		4. BEAT/OCCUR <b>0214</b>		
MEMBER INVOLVED	5. POSITION <b>9161</b>	6. LAST NAME <b>DIAZ</b>	7. FIRST NAME <b>JOSE A</b>		8. STAR NO <b>9518</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>S</b>	11. AGE <b>[REDACTED]</b>	12. HT. <b>508</b>	13. WT. <b>160</b>		
	14. DATE OF APPT. <b>13-SEP-1999</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>311 6715A</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
SUBJECT INFORMATION	20. LAST NAME <b>[REDACTED]</b>		21. FIRST NAME <b>[REDACTED]</b>		22. M.I. <b>[REDACTED]</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. <b>[REDACTED]</b>		26. HT. <b>600</b>	27. WT. <b>142</b>	
	28. PHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
33. CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid												
36. CHARGES PLACED <input type="checkbox"/> DNA <input type="checkbox"/> CR NO <b>[REDACTED]</b> IR NO. <input type="checkbox"/> DNA												
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		ASSAULTANT: BATTERY		ASSAULTANT: DEADLY FORCE			
			PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		ACTIVE RESISTER <input checked="" type="checkbox"/> FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		ASSAULTANT: ASSAULT <input type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ASSAULTANT: BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		ASSAULTANT: DEADLY FORCE <input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____	
WEAPON DISCHARGE INCIDENT	39. DNA <input type="checkbox"/>		40. ADDITIONAL INFORMATION <b>[REDACTED]</b>		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>	
	45. MAKE/MANUFACTURER <b>[REDACTED]</b>		46. MODEL <b>[REDACTED]</b>		47. BARREL LENGTH <b>[REDACTED]</b>		48. CALIBER/GAUGE <b>[REDACTED]</b>		49. TASER DART ID NO. <b>C62004H72</b>		50. WEAPON SERIAL NO. (Include Letters) <b>ZZX300623</b>	
CASE INFO.	51. CHICAGO GUN REG. NO. <b>[REDACTED]</b>		52. IL FIREARM OWNER ID. NO. <b>[REDACTED]</b>		53. HANDGUN CERTIFICATE NO. <b>[REDACTED]</b>		54. SPECIAL WEAPON CERTIFICATE NO. <b>[REDACTED]</b>		55. PROPERTY INVENTORY NO. <b>[REDACTED]</b>		56. TYPE OF AMMUNITION USED <b>[REDACTED]</b>	
	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>[REDACTED]</b>		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>[REDACTED]</b>		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (SPECIFY)	
SIGNATURES	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (SPECIFY)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>[REDACTED]</b>		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>[REDACTED]</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input checked="" type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70. EVENT NO. <b>[REDACTED]</b>		71. R.D. NO. <b>[REDACTED]</b>		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name): <b>DIAZ, JOSE A</b> STAR/EMPLOYEE NO. <b>9518</b> SIGNATURE <b>[REDACTED]</b> 25-OCT-2014 17:33:21		74. REVIEWING SUPERVISOR (Print Name): <b>DACANAY, DANIEL T</b> STAR NO. <b>1899</b> SIGNATURE <b>[REDACTED]</b> DATE REVIEWED <b>25-OCT-2014 17:38:40</b> TIME	

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

N

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76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

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77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

SIGNATURE

DATE COMPLETED

TIME

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRRs THIS EVENT No.

D

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>25-OCT-2014</b>		TIME <b>16:09:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE <b>291</b>		4. BEAT/OCCUR <b>0214</b>			
MEMBER INVOLVED	5. POSITION <b>9161</b>	6. LAST NAME <b>ALMANZA</b>	7. FIRST NAME <b>EDUARDO</b>		8. STAR NO. <b>15464</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>S</b>	11. AGE [REDACTED]	12. HT. <b>607</b>	13. WT. <b>165</b>	
	14. DATE OF APPT <b>26-APR-2004</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>311 6715E</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>600</b>	27. WT. <b>142</b>	
	28. E.NO. [REDACTED]		29. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
32. CHARGES PLACED		33. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		34. CR NO. [REDACTED]		35. IR NO. [REDACTED]		36. D.N.A. <input type="checkbox"/>			
REASON FOR USE OF FORCE (Check all that apply)	37. PASSIVE RESISTER		38. ACTIVE RESISTER		39. ASSAILANT: ASSAULT		40. ASSAILANT: BATTERY		41. ASSAILANT: DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER FLAILING ARMS _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____		
	42. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		43. ADDITIONAL INFORMATION [REDACTED]		44. POSITION [REDACTED]		45. STAR NO. [REDACTED]		46. UNIT [REDACTED]		
CASE INFO.	47. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		48. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		49. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		50. WEATHER CONDITIONS <b>CLEAR</b>		51. MAKE/MANUFACTURER [REDACTED]		52. MODEL [REDACTED]
	53. TASER DART ID NO. [REDACTED]		54. WEAPON SERIAL No. (include Letters) [REDACTED]		55. CHICAGO GUN REG. NO. [REDACTED]		56. FIREARM OWNER ID. NO. [REDACTED]		57. HANDGUN CERTIFICATE NO. [REDACTED]		
SIGNATURES	58. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		59. PROPERTY INVENTORY NO. [REDACTED]		60. TYPE OF AMMUNITION USED [REDACTED]		61. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		62. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]		
	63. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) _____		64. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		65. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		66. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (SPECIFY) _____		67. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
72	68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (SPECIFY) _____		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		71. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		72. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		
	73. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		74. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		75. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		76. REPORTING MEMBER (Print Name) <b>ALMANZA, EDUARDO</b> <b>25-OCT-2014 17:33:20</b>		77. STAR/EMPLOYEE NO. <b>15464</b>		78. SIGNATURE [REDACTED]
79. Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.											
80. REVIEWING SUPERVISOR (Print Name) <b>DACANAY, DANIEL T</b>		81. STAR NO. <b>1899</b>		82. SIGNATURE [REDACTED]		83. DATE REVIEWED <b>25-OCT-2014 17:39:40</b>		84. TIME <b>25-OCT-2014 17:39:40</b>		85. 79. R.D. NO. <b>HX</b>	

CPD-11.37 (REV. 10/07)

# LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

N

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76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

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R

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

O

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

SIGNATURE

DATE COMPLETED

TIME

79. DISTRIBUTION OF ORIGINAL TRR.

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

E

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

D

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>25-OCT-2014</b>		TIME <b>18:09:00</b>		2. ADDRESS OF OCCURRENCE <b>[REDACTED]</b>		3. LOCATION CODE <b>291</b>		4. BEAT/OCCUR <b>0214</b>			
MEMBER INVOLVED	5. POSITION <b>9161</b>	6. LAST NAME <b>PATTERSON</b>	7. FIRST NAME <b>ALFIE E</b>		8. STAR NO. <b>9206</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>BLK</b>	11. AGE <b>[REDACTED]</b>	12. HT. <b>511</b>	13. WT. <b>250</b>	
	14. DATE OF APPT. <b>03-JAN-2005</b>	15. EMPLOYEE NO. <b>[REDACTED]</b>	16. UNIT & BEAT OF ASSIGNMENT <b>002 0264A</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
SUBJECT INFORMATION	20. LAST NAME <b>[REDACTED]</b>		21. FIRST NAME <b>[REDACTED]</b>		22. M.I. <b>[REDACTED]</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. <b>[REDACTED]</b>	26. HT. <b>600</b>	27. WT. <b>142</b>	
	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>				34. BY WHOM? <b>[REDACTED]</b>		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
36. CHARGES PLACED <b>[REDACTED]</b>						37. CB NO. <b>[REDACTED]</b>		IR NO. <b>[REDACTED]</b>			
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		SUBJECT INFORMATION				
	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE		
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>			
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <b>[REDACTED]</b>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>			
OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>			
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>			
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <b>[REDACTED]</b>			
ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>					
WRISTLOCK <input checked="" type="checkbox"/>		CANINE <input type="checkbox"/>									
ARMBAR <input checked="" type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>									
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>									
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>									
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>									
OTHER <b>[REDACTED]</b>		OTHER <b>[REDACTED]</b>									
WEAPON DISCHARGE INCIDENT	39. <input checked="" type="checkbox"/> DNA				40. ADDITIONAL INFORMATION <b>[REDACTED]</b>						
	POSITION <b>[REDACTED]</b>				STAR NO. <b>[REDACTED]</b>				UNIT <b>[REDACTED]</b>		
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>			
45. MAKE/MANUFACTURER <b>[REDACTED]</b>				46. MODEL <b>[REDACTED]</b>		47. BARREL LENGTH <b>[REDACTED]</b>		48. CALIBER/GAUGE <b>[REDACTED]</b>			
49. TASER DART ID NO. <b>[REDACTED]</b>				50. WEAPON SERIAL NO. (Include Letters) <b>[REDACTED]</b>		51. CHICAGO GUN REG. NO. <b>[REDACTED]</b>		52. FIREARM OWNER ID NO. <b>[REDACTED]</b>		53. HANDGUN CERTIFICATE NO. <b>[REDACTED]</b>	
54. SPECIAL WEAPON CERTIFICATE NO. <b>[REDACTED]</b>				55. PROPERTY INVENTORY NO. <b>[REDACTED]</b>		56. TYPE OF AMMUNITION USED <b>[REDACTED]</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>[REDACTED]</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>[REDACTED]</b>	
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>[REDACTED]</b>		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>		71. EVENT NO. <b>[REDACTED]</b>	
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>[REDACTED]</b>		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>[REDACTED]</b>				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - .05 FT. <input type="checkbox"/> 02 .05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <b>[REDACTED]</b>											
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										71. RD. NO. <b>[REDACTED]</b>
	73. REPORTING MEMBER (Print Name) <b>PATTERSON, ALFIE E</b>										
SIGNATURES	STAR/EMPLOYEE NO. <b>9206</b>				SIGNATURE <b>[REDACTED]</b>						
	74. REVIEWING SUPERVISOR (Print Name) <b>[REDACTED]</b>										
75. DATE REVIEWED <b>25-OCT-2014 19:00:34</b>											
76. TIME <b>[REDACTED]</b>											
77. SIGNATURE <b>[REDACTED]</b>											
78. DATE REVIEWED <b>[REDACTED]</b>											
79. TIME <b>[REDACTED]</b>											

# LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

NO

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

APPROVE

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

SIGNATURE

DATE COMPLETED

TIME

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

002 DISTRICT

Assignment Sheets

WATCH DATE 25-Oct-14 D.O.G. CT. KEY PERIOD  
 2ND Saturday, October 25, 2014 63/64 11

WATCH OPERATIONS	LT.	ELLISON, J	515	LOCK-UP-MALE	HUDDESTON, L
FIELD	LT.	McLAIN, S	328		HARRISON, D
DIST STATION SUPV	SGT.	WILLIAMS, T	2670		
DESK	Z	RANGE, D	17091	LOCK-UP-FEMALE	VARNADO, C 10557
	Z	MABERY, D	9842 2 END		ROACH, D
	Z	LANE, F	3672		BOSTON, T
Review				Review	SARTIN, A 12889
Warrants				Xing Supervisor	

# **SERGEANTS**

210				220	DENHAM, L	1886
230				240		
250				270		
				280		

# **BEAT CARS 0530 HOURS START**

211	LEWIS, L	16172		212	GALE, S	3789
213 Z	GREY, M	4880		214 FTO	FOSTER, D	14410 CARNEY, M 16780
215 Z	RODRIGUEZ	19044		222	LEE, I	10353
221	BANISTER, E	4760		224	WILLIAMS, K	10795
223	WELLS, M	10887		232 Z	BEY, N	17810
225	OBOIKOVITZ	18708		234 Z	CHAMPION, D	10800
231	LADD, R	11878		272		
233 Z	WARREN, L	6658				
235	STAMPLEY, E	11029				
271	DRIVER, F	4289	LEE, E 6176			
295						

# **RAPID CARS 0700 HOURS START**

206A			INCIDENT CAR	251 Z	BROADWAY	3330
206B			INCIDENT CAR	252		
				253		
				255		
				256		

# **RAPID CARS 0700 START**

241	AKERSON, W	4031		254		
242	JANUSONIS, A	15290				
243	MARTIN, T	18614				
244						

# **0500 START**

245 Z	DILLARD, V	15471				
246	THOMAS, L	15311				

# **SCHOOL CARS 0800 START**

274 Z				277 Z		CMA
274S				277		CMA
275 Z			PHILLIPS	277S		
275			PHILLIPS	278 Z		
275S				278		DUSABLE
276 Z			DYETT	278S Z		DUSABLE
276S Z			KING	279 Z		KENWOOD

# **FOOT POST PATROL 0700 START**

281			35TH ST.	285		
282	MUHAMMAD	12835	43RD ST	286		43RD ST.
283			47TH INDIANA			51ST ST
284	ANDERSON, J	3712	LK FR	287		53RD ST
			47TH ST KING			
			INDIANA			

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
06/09/2014 00:38:31	06/08/2014 19:38:31	Armed	C1: 25' Standard C2: 25' Standard		33°C 33°C	93% 93%
06/09/2014 00:38:34	06/08/2014 19:38:34	Safe	C1: 25' Standard C2: 25' Standard	3s 3s	33°C 33°C	93% 93%
07/21/2014 19:09:50	07/21/2014 14:09:50	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		23°C 23°C	0% 0%
07/21/2014 19:09:52	07/21/2014 14:09:52	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		24°C 24°C	0% 0%
07/21/2014 19:09:55	07/21/2014 14:09:55	Time Sync	07/21/2014 14:09:55 to 07/21/2014 14:18:36			
09/30/2014 06:14:45	09/30/2014 01:14:45	Armed	C1: 25' Standard C2: 25' Standard		27°C 27°C	93% 93%
09/30/2014 06:14:46	09/30/2014 01:14:46	Safe	C1: 25' Standard C2: 25' Standard	0s 0s	27°C 27°C	93% 93%
09/30/2014 06:14:46	09/30/2014 01:14:46	Armed	C1: 25' Standard C2: 25' Standard		27°C 27°C	93% 93%
09/30/2014 06:14:48	09/30/2014 01:14:49	Safe	C1: 25' Standard C2: 25' Standard	3s 3s	26°C 26°C	93% 93%
09/30/2014 23:19:17	09/30/2014 18:19:17	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	93% 93%
09/30/2014 23:19:18	09/30/2014 18:19:18	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	26°C 26°C	93% 93%
10/02/2014 01:04:30	10/01/2014 20:04:30	Armed	C1: 25' Standard C2: 25' Standard		27°C 27°C	93% 93%
10/02/2014 01:04:31	10/01/2014 20:04:31	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	27°C 27°C	93% 93%
10/24/2014 15:12:59	10/24/2014 10:12:59	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	93% 93%
10/24/2014 15:13:00	10/24/2014 10:13:00	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	27°C 27°C	93% 93%
10/25/2014 19:07:46	10/25/2014 14:07:46	Armed	C1: 25' Standard C2: 25' Standard		27°C 27°C	93% 93%
10/25/2014 19:07:47	10/25/2014 14:07:47	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	27°C 27°C	93% 93%
10/25/2014 19:07:47	10/25/2014 14:07:47	Armed	C1: 25' Standard C2: 25' Standard		27°C 27°C	93% 93%
10/25/2014 19:07:48	10/25/2014 14:07:48	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	28°C 28°C	93% 93%
10/25/2014 21:07:41	10/25/2014 16:07:41	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	93% 93%
10/25/2014 21:08:03	10/25/2014 16:08:03	Trigger	C1: Deployed	8s		93% 93%
10/25/2014 21:09:07	10/25/2014 16:09:07	Arm	C1: Deployed C2: 25' Standard	1s 1s		93% 93%
10/25/2014 21:09:42	10/25/2014 16:09:42	Safe	C1: Deployed C2: 25' Standard	2m 1s 2m 1s	33°C 33°C	93% 93%
10/25/2014 22:40:37	10/25/2014 17:40:37	USB Connected	C1: Invalid Cart. Type		30°C	0%

## ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

CB #  
IR #  
YD #  
RD #  
EVENT #

## ARREST REPORTING

OFFENDER	Name: [REDACTED]	Beat: 212	Male	[REDACTED]	
	Res: [REDACTED]		Black 6' 00" 142 lbs Brown Eyes Black Hair Short Hair Style Black Complexion		
	DOB: [REDACTED]				
	AGE: 19 years				
	POB: Illinois				
	ARMED WITH Unarmed				
INCIDENT	Arrest Date: 25 October 2014 16:09	TRR Completed? No	Total No Arrested: 1	Co-Arrests	Assoc Cases
	Location: [REDACTED]	Beat: 214	Dependent Children? No	DCFS Ward ? No	
	291 - Residential Yard (Front/Back)				
	Holding Facility: District 002 Male Lockup				
	Resisted Arrest? No				
CHARGES	1	Offense As Cited	720 ILCS 5.0/21-2-A	Victim	
			CRIMINAL TRESPASS TO VEHICLES		
	2	Offense As Cited	625 ILCS 5.0/6-101		
			DRIVING/NEVER ISSUED LICENSE		
	3	Offense As Cited	9-24-010(B)		
			STOP AT STOP SIGN		
			Class L -		
RECOVERED NARCOTICS	NO NARCOTICS RECOVERED				
WARRANT	NO WARRANT IDENTIFIED				

## ARREST REPORTING

VICTIM AND COMPLAINANT	
NON-OFFENDER(S)	Name: [REDACTED]
	Female
	Black
	DOB: [REDACTED]
	Age: 56 years
	Injured? No
	Deceased? No
	Hospitalized? No
	Treated and Released? No
	Comments:
ARRESTEE VEHICLE	Vehicle: VEHICLE IMPOUNDED:
	2007 Automobile - Dodge - Caravan - Vanette, (Metro, Step Van, Handy Van)
	VIN#: [REDACTED]
	Lic# [REDACTED]
	Inv#: [REDACTED]
	Color: Green (Top) / Green (Bottom)
	Pound#:
	Disposition: Towed
PROPERTIES	<b>Confiscated Properties :</b>
	All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.
PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.	
INCIDENT NARRATIVE	(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)
	EVENT# [REDACTED] ABOVE OFFENDER ARRESTED FOR POSSESSION OF A STOLEN MOTOR VEHICLE. WHILE ON ROUTINE PATROL BEAT 283B OBSERVED A GREEN CARAVAN WITH A TEMPORARY PLATE OF [REDACTED] AT [REDACTED]. R/O RAN PLATE AND DISCOVERED VEHICLE TO BE STOLEN. R/O FOLLOWED VEHICLE EASTBOUND THROUGH ALLEY WHILE SENDING A FLASH MESSAGE THROUGH OEMC. OFFENDER CONTINUED TO [REDACTED] WHERE OFFENDER STRUCK A TREE, AND FLED ON FOOT. BT 283B CONTINUED TO CHASE OFFENDER ON FOOT, AND AFTER A BRIEF FOOT CHASE BEATS 264A 6715A, 283A AND ASSISTING BEATS CONFRONTED OFFENDER AT ABOVE LOCATION. WHILE TRYING TO PLACE OFFENDER IN CUSTODY, OFFENDER BEGAN TO STRUGGLE FLAILING WITH ARM IN ATTEMPT TO DEFEAT ARREST. DURING THIS TIME P.O DIAZ DEPLOYED HIS TASER AFTER WARNING OFFENDER SEVERAL TIME TO COOPERATE. DURING STRUGGLE P.O A PATTERSON #9206 SUFFERED AN GASH TO HIS LEFT HAND. OFFENDER PLACED UNDER ARREST ADVISED OF RIGHTS AND TRANSPORTED TO 2ND DISTRICT FOR PROCESSING. OFFENDER HIS A GANG ON FILE- [REDACTED]. NO GIPP OR TRAPP. NAME CHECK CLEAR. FELONY CHARGES NOT APPROVED PER ASA HAKE AT 1859 HRS.
COURT INFO	Desired Court Date: 24 December 2014
	Branch: 34-5 155 W 51ST ST - Room
	Court Sgt Handle? No
	Initial Court Date: 26 October 2014
	Branch: 1 2600 S CALIFORNIA - Room100
	Docket #:
BOND INFO	
	BOND INFORMATION NOT AVAILABLE

## ARREST REPORTING

## ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #14934 LAWRENCE, R F [REDACTED] 25 OCT 2014 19:12

## ARRESTING OFFICER(S):

			Beat
1st Arresting Officer:	#16280	EDWARDS, D [REDACTED]	0283
2nd Arresting Officer:	#14934	LAWRENCE, R F [REDACTED]	0283A

## APPROVING SUPERVISOR:

Approval of Probable Cause : #2249 MALCZYNSKI, R P [REDACTED] 25 OCT 2014 19:43

REPORTING PERSONNEL

## ARREST PROCESSING REPORT

Holding Facility: District 002 Male Lockup  
Received in Lockup: 25 October 2014 19:55  
Prints Taken: 25 October 2014 19:54  
Palprints Taken: Yes  
Photograph Taken: 25 October 2014 20:08  
Released from Lockup:

Time Last Fed:  
Time Called: Phone#:  
Cell #: 3-3 - Placed in one person cell  
Transport Details : 2PO 0231 25-OCT-2014 16:15

## VISUAL CHECK OF ARRESTEE

## ARRESTEE QUESTIONNAIRE

Is there obvious pain or injury? Yes  
Is there obvious signs of infection? No  
Under the influence of alcohol/drugs? No  
Signs of alcohol/drug withdrawal? No  
Appears to be despondent? No  
Appears to be irrational? No  
Carrying medication? No

Presently taking medication? No  
(if female)are you pregnant?  
First time ever been arrested? No  
Attempted suicide/serious harm? No  
Serious medical or mental problems? No  
Are you receiving treatment? No  
Transgender/intersex/gender non-conforming? No  
Deaf/hard of hearing-request interpreter for court? No  
Interpreter needed? (indicate language) No

## RETURN TO HOLDING FACILITY COMMENTS:

## QUESTIONNAIRE REMARKS:

Arrestee Was Treated And Released For Being Tazzed Prior To Entering Lock-Up. Has Medical Clearance

## LOCKUP KEEPER COMMENTS:

## EMERGENCY CONTACT

Name :

Res

Beat:0212

## INTERVIEW LOG

NO INTERVIEWS LOGGED

## VISITOR LOG

NO VISITORS LOGGED

## ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

## ARRESTEE PROCESSING PERSONNEL:

		Beat
Searched By:	STROUD, D T [REDACTED]	
Lockup Keeper:	GIBSON, C [REDACTED]	
Assisting Arresting Officer:	#10257 SMITH, D [REDACTED]	0223
Assisting Arresting Officer:	#11060 KHALIL, M [REDACTED]	0231
Assisting Arresting Officer:	#16312 THOMAS, H A [REDACTED]	0235
Assisting Arresting Officer:	#17711 CADICHON, M [REDACTED]	0247
Assisting Arresting Officer:	#19108 CROSS, D C [REDACTED]	0235
Assisting Arresting Officer:	#19534 MC BETH, J L [REDACTED]	0282
Assisting Arresting Officer:	#3005 GOOLSBY III, H [REDACTED]	0205
Assisting Arresting Officer:	#4289 GOMEZ, H [REDACTED]	0221
Assisting Arresting Officer:	#4948 ALEGRE JR, D [REDACTED]	0223
Assisting Arresting Officer:	#6112 TOWNSEND, R D [REDACTED]	0205B
Assisting Arresting Officer:	#7611 SAUCEDO, R [REDACTED]	0221
Assisting Arresting Officer:	#8679 AREKAT, D A [REDACTED]	0231
Assisting Arresting Officer:	#9206 PATTERSON, A E [REDACTED]	0264A
Assisting Arresting Officer:	#9583 SONLEY, J W [REDACTED]	0264A
Fingerprinted By:	STROUD, D T [REDACTED]	

## APPROVAL PERSONNEL:

		Beat
Final Approval of Charges :	#2346 HOOVER, T [REDACTED]	26 OCT 2014 01:34

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>25-OCT-2014</b>		TIME <b>16:10:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>291</b>		4. BEAT/OCCUR <b>0214</b>								
	5. POSITION <b>9161</b>		6. LAST NAME <b>DIAZ</b>		7. FIRST NAME <b>JOSE A</b>		8. STAR NO. <b>9518</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>S</b>		11. AGE [REDACTED]		12. HT. <b>508</b>		13. WT. <b>160</b>	
	14. DATE OF APPT. <b>13-SEP-1999</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>311 6715A</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>600</b>		27. WT. <b>142</b>			
	28. ONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No											
	33. WHOM? <b>MULANCE 57</b>		35. CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. DNA <input type="checkbox"/>		37. CB NO. [REDACTED]		38. IR NO. [REDACTED]		DNA <input type="checkbox"/>							
39. 9-24-010(B), 625 ILCS 5.0/6-101, 720 ILCS 5.0/21-2-A																		
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE									
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____									
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____									
WEAPON DISCHARGE INCIDENT	39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]				40. ADDITIONAL INFORMATION [REDACTED]													
	POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]													
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>											
45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]												
49. TASER DART ID NO. <b>C62004H72</b>		50. WEAPON SERIAL No. (Include Letters) <b>ZZX300623</b>		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]										
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]										
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) _____		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) _____		70. EVENT NO. [REDACTED]										
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) _____		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO														
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) _____																
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																	
	73. REPORTING MEMBER (Print Name) <b>DIAZ, JOSE A</b> <b>25-OCT-2014 17:33:21</b> [REDACTED]																	
SIGNATURES	STAR/EMPLOYEE NO. <b>9518</b>		SIGNATURE [REDACTED]															
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																	
74. REVIEWING SUPERVISOR (Print Name) <b>DACANAY, DANIEL T</b>		STAR NO. <b>1899</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>25-OCT-2014 17:38:40</b>		TIME <b>25-OCT-2014 17:38:40</b>										

CPD-11.3.77 (REV. 10/07)

CPD 0263379

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

R/Lt unable to interview subject, subject at hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Member's action were consistent with the use of force guidelines for the department.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072228 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**SAM, CINDY**

SIGNATURE



DATE COMPLETED

TIME

**25-OCT-2014 20:28:10**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

**3**

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

CHICAGO POLICE DEPARTMENT  
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police Department Personnel Only)  
CPD-11.388(6/03)-C)

RD #: **HX**  
EVENT #: **[REDACTED]**  
Case ID: **[REDACTED]**

INCIDENT	<b>SUSPENDED</b>		
	IUCR: 0910 - Motor Vehicle Theft - Automobile		
	Occurrence Location: <b>[REDACTED]</b> 304 - Street	Beat: 0214	Unit Assigned: 0202 RO Arrival Date: 24 October 2014 10:30 # Offenders: 1
	Occurrence Date: 24 October 2014 07:25		

NON OFFENDER	<b>VICTIM - Individual</b>		<b>Demographics</b>	
	Name: <b>[REDACTED]</b>	Beat: 0835	Female	DOB: <b>[REDACTED]</b>
	Res: <b>[REDACTED]</b>	Beat: 0835	Black	Age: 56 Years
	Empl: <b>[REDACTED]</b> CY	Beat: 0835	5'02, 170 lbs Brown Eyes Black Hair Medium Hair Style Medium Brown Complexion	Birth Place: Illinois
Sobriety: Sober				
<b>LAST PERSON DRIVING VEHICLE</b>				
Name: <b>[REDACTED]</b>				
Res: <b>[REDACTED]</b>		Beat: 0835		
		Beat: 5100		

SUSPECTS	<b>Suspect # 1</b>		<b>Demographics</b>	
	Name: UNKNOWN, Unknown			
			Male	Age: 20 years
		Black		

RELATIONSHIP	<b>RELATIONSHIP</b>	
	(Victim) <b>[REDACTED]</b>	( Offender ) UNKNOWN, Unknown
	is a No Relationship of	

DOMESTIC INFO		

RD #: **HX**



OTHER

Miscellaneous

Victim Information ProvidedFlash Message Sent ? No

VEHICLE

Vehicle #1

Vehicle: 2007 Dodge - Caravan - Automobile

Damaged? No

Owner:

Style: Van/Panel Or V/P Trailer - Vmo Must Be Tk

Possessor/User:

Color-Top/Bottom: Blue/Blue

Theft From? No

Towed? No

VIN#:

Burned? No

License Plate #: - Illinois - Passenger Car

Destroyed? No

Stolen? Yes

VEHICLE THEFT

City License Verified? No

VIN Verified? Yes

Doors Locked? No

Ignition Locked? No

Keys in Vehicle? Yes

Purchased From: Sams Auto Sales

Personal Belongings: Purse In Vehicle With Phone

OTHER PROPERTIES

Property #1

Possessor/User:

Type: Purses/Handbags/Wallets

Description: Leather

Owner:

Used as Weapon? No

Taken/Stolen? Yes

Recovered? No

Damaged? No

Property #2

Possessor/User:

Type: Other

Description: Personal Identification

Owner:

Used as Weapon? No

Taken/Stolen? Yes

Recovered? No

Damaged? No

Property #3

Possessor/User:

Estimated Value: \$300.00

Type: Cellphone

Description: Samsung

Owner:

Used as Weapon? No

Taken/Stolen? Yes

Recovered? No

Damaged? No

NARRATIVE

IN SUMMARY: VICTIM STATES THAT SHE HAD EXITED HER VEHICLE TO UNLOCK THE GATE TO THE BUSINESS THAT SHE WAS IN CHARGE OF OPENING DURING THE COURSE OF HER EMPLOYMENT AS A SECURITY GUARD. VICTIM STATES THAT SHE INADVERTLY LEFT THE KEYS IN THE VEHICLE WITH THE SAME RUNNING, AND WHEN SHE TURNED AROUND AN UNKNOWN MALE BLACK HAD JUMPED INTO HER VEHICLE AND FLED E.B. ON 43RD. VICTIM STATES THAT HER PURSE WAS IN VEHICLE WHICH CONTAINED HER DRIVERS LICENSE, STATE ID, BANK CARD, AND HER "PERK" CARD AND OTHER PERSONAL PAPERS ALONG WITH HER WORK ID. BT 213 ENCOUNTERED VICTIM AND SENT FLASH ON VEHICLE THEFT. VICTIM DID NOT HAVE HER VEHICLE INFORMATION WHEN SHE ENCOUNTERED BT 213. HOT DESK #21 NOTIFIED VIN GIVEN



PERSONNEL		Star No	Emp No	Name	User	Date	Unit	Beat
	Approving Supervisor	1986	[REDACTED]	DENHAM, Levester	[REDACTED]	24 Oct 2014 12:22	002	
	Reporting Officer	9842	[REDACTED]	MABERY, Deborah, A	[REDACTED]	24 Oct 2014 11:26	002	0202



## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>25-OCT-2014</b>		TIME <b>16:09:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>291</b>		4. BEAT/OCCUR <b>0214</b>								
	5. POSITION <b>9161</b>		6. LAST NAME <b>ALMANZA</b>		7. FIRST NAME <b>EDUARDO</b>		8. STAR NO. <b>15464</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>S</b>		11. AGE [REDACTED]		12. HT. <b>607</b>		13. WT. <b>165</b>	
	14. DATE OF APPT. <b>26-APR-2004</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>311 6715E</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>600</b>		27. WT. <b>142</b>			
	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	35. CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						36. CHARGES PLACED <b>9-24-010(B), 625 ILCS 5.0/6-101, 720 ILCS 5.0/21-2-A</b>						37. CB NO. [REDACTED] IR NO. [REDACTED]					
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE							
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>									
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>									
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>									
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____									
	ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>											
CASE INFO.	39. DNA <input checked="" type="checkbox"/>		40. ADDITIONAL INFORMATION															
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>											
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE											
SIGNATURES	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.									
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED									
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)											
SIGNATURES	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
	70. EVENT NO. [REDACTED]		71. R.D. NO. [REDACTED]															
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.													
	73. REPORTING MEMBER (Print Name) <b>ALMANZA, EDUARDO</b>		STAR/EMPLOYEE NO. <b>15464</b>		SIGNATURE [REDACTED]													
	74. REVIEWING SUPERVISOR (Print Name) <b>DACANAY, DANIEL T</b>		STAR NO. <b>1899</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>25-OCT-2014 17:39:40</b>		TIME									

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

R/Lt unable to interview subject, subject hospitalized.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Member's actions were consistent with the use of force guidelines for the department.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**SAM, CINDY**

SIGNATURE



DATE COMPLETED

TIME

**25-OCT-2014 20:19:27**

79. DISTRIBUTION OF ORIGINAL TRR:

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☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

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☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

**3**

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>25-OCT-2014</b>		TIME <b>18:09:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>291</b>		4. BEAT/OCCUR <b>0214</b>											
	5. POSITION <b>9161</b>		6. LAST NAME <b>PATTERSON</b>		7. FIRST NAME <b>ALFIE E</b>		8. STAR NO. <b>9206</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>BLK</b>		11. AGE [REDACTED]		12. HT. <b>511</b>		13. WT. <b>250</b>				
	14. DATE OF APPT. <b>03-JAN-2005</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>002 0264A</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No										
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>600</b>		27. WT. <b>142</b>						
	28. ONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No														
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																
36. CHARGES PLACED <b>9-24-010(B), 625 ILCS 5.0/6-101, 720 ILCS 5.0/21-2-A</b>																		37. CB NO. [REDACTED]		IR NO. <input type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE										
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>												
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>												
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>												
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____												
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>														
WEAPON DISCHARGE INCIDENT	39. <input checked="" type="checkbox"/> DNA		* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40. ADDITIONAL INFORMATION [REDACTED]																
	POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]																
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44. SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>												
45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]															
49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL No. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]													
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]													
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) _____		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) _____		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) _____		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO									
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) _____															
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																
	73. REPORTING MEMBER (Print Name) <b>PATTERSON, ALFIE E</b>		STAR/EMPLOYEE NO. <b>9206</b>		SIGNATURE [REDACTED]																
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) <b>CLIFFORD, JOHN P</b>		STAR NO. <b>855</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>25-OCT-2014 19:04:51</b>		TIME <b>19:04:51</b>												
	75. REVIEWING SUPERVISOR (Print Name) <b>CLIFFORD, JOHN P</b>		STAR NO. <b>855</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>25-OCT-2014 19:04:51</b>		TIME <b>19:04:51</b>												

CPD-11.3.77 (REV. 10/07)

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

R/Lt unable to interview subject, subject in hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Member's action were consistent with the use of force guidelines.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**SAM, CINDY**

SIGNATURE

DATE COMPLETED

TIME

**25-OCT-2014 20:09:47**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

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